

<b>Procedure: 2.0 PATHS Program Description</b>
<b>Approval date: July 11, 2024</b>
<b>Updated: October 17, 2025</b>
<b>Approved by: Director, MB HIV Program</b>

## PURPOSE

This procedure provides an overview of the Manitoba HIV Program’s “Program to Access Treatment for HIV and Support (PATHS)”.

## BACKGROUND

The Manitoba (MB) HIV Program supports and provides specialized, evidence-informed HIV care and treatment for over 2,500 people living with HIV (PLHIV) in MB. Care for PLHIV is provided at:

- Nine Circles Community Health Centre (Nine Circles), Winnipeg Regional Health Authority (WRHA)
- Health Sciences Centre HIV clinic, WRHA
- 7th Street Health Access Centre, Prairie Mountain Health (PMH)
- Thompson Clinic, Northern Health Region (NHR)
- Aboriginal Health and Wellness Centre of Winnipeg Inc. (AHCWC), WRHA
- Access Downtown, WRHA

Most PLHIV who receive care at the MB HIV Program care sites are able to achieve an undetectable viral load during their first year in care, making the risk for sexual transmission of HIV negligible (Undetectable = Untransmittable).

Since 2018, there have been a growing number of PLHIV referred to the MB HIV Program who have complex needs and experience barriers to care. These barriers include homelessness, substance use, psychosocial concerns, structural racism in MB’s healthcare system, and a lack of access to culturally sensitive care.

An outreach model of comprehensive care is necessary to support some Manitobans living with HIV to connect to specialized HIV and primary care.

### **What is the MB HIV Program’s “Program to Access Treatment for HIV and Support (PATHS)”?**

The MB HIV Program’s “Program to Access Treatment for HIV and Support (PATHS)” is adapted from the British Columbia’s Seek and Treat for Optimal Prevention of HIV/AIDS<sup>0</sup>) (STOP HIV/AIDS<sup>0</sup>) program.

PATHS was initiated in response to the MB HIV Program 2018-2021 “calls to action” to maximize “treatment as prevention (TasP),” by enhancing the program’s outreach efforts in communities highly impacted by HIV. TasP is the proven concept that early access to

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<b>Updated: October 17, 2025</b>
<b>Approved by: Director, MB HIV Program</b>

antiretroviral therapy (ART) improves quality of life for PLHIV, curbs HIV transmission and averts healthcare costs.

PATHS delivers comprehensive services to and provides intensive case management for PLHIV in MB who are not linked to HIV care or precariously linked to HIV care. The goal of the program is to:

- Provide wrap-around care with psychosocial supports to PLHIV,
- Offer and link to Indigenous led and culturally safe care,
- Support PLHIV to access and adhere to HIV treatment medication, and
- Support PLHIV to transition to long term primary care services.

### What are the guiding principles of PATHS?

PATHS is grounded in the principles of **psychosocial rehabilitation** (PSR), a recovery-oriented approach widely used in Shared Health's community-based mental health services for people with serious and persistent mental illness. Within the context of HIV care, transitioning from a traditional biomedical model to a PSR framework enables a more person-centered, holistic, and assertive approach. This model facilitates sustained engagement in care by addressing both medical and psychosocial needs of PLHIV. PSR promotes recovery as defined by Anthony (1993), "a deeply personal and unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness". This model emphasizes hope, empowerment, cultural relevance, community integration, and whole-person wellness, making it a powerful foundation for inclusive and responsive HIV care.

Guiding principles of PSR upheld by PATHS:

- **Hope, respect, and belief in growth:** Practitioners maintain a hopeful outlook and respect each individual's potential for learning and personal development.
- **Cultural relevance:** Services are tailored to be culturally sensitive and inclusive, recognizing that culture plays a vital role in recovery.
- **Shared decision-making:** Individuals are active participants in their care, with practitioners facilitating collaboration and honoring personal choices.
- **Strengths-based approach:** Focus is placed on what individuals *can* do, building on their existing skills and capabilities.
- **Person-centered care:** Services are customized to reflect each person's unique values, goals, and aspirations.
- **Community integration:** Recovery includes full participation in community life, with individuals exercising their rights and responsibilities as citizens.

<b>Procedure: 2.0 PATHS Program Description</b>
<b>Approval date: July 11, 2024</b>
<b>Updated: October 17, 2025</b>
<b>Approved by: Director, MB HIV Program</b>

- **Self-determination and empowerment:** Individuals have the autonomy to make decisions about their lives and the services they receive.
- **Natural and peer supports:** Emphasis is placed on building personal support networks, including community resources and peer-led initiatives.
- **Holistic quality of life:** Recovery is not just about symptom reduction—it's about improving all areas of life: social, residential, financial, educational, occupational, spiritual, etc.
- **Health and wellness promotion:** Individuals are key collaborators in wellness plans, with their wants and needs at the forefront.
- **Evidence-based and quality-driven services:** programs use proven and emerging practices, with ongoing evaluation and input from service users.
- **Accessibility and integration of services:** services are available when needed and coordinated across medical, psychiatric, and holistic domains.

PATHS is also guided by the **Indigenous Healthcare Quality Framework (IHQF)**,<sup>i</sup> developed by Ongomiizwin Indigenous Institute of Health and Healing and the George & Fay Yee Centre for Healthcare Innovation. The IHQF reflects the needs of Indigenous patients and the requirements of healthcare systems and providers to achieve and sustain healthcare for people that is of high quality, culturally safe, competent, appropriate and free of racism.

The framework guides PATHS in program planning, implementation and evaluation, with the purpose to continually improve healthcare quality for all PLHIV in Manitoba.

The required dimensions for the achievement of Indigenous healthcare quality is identified below in the visual framework.

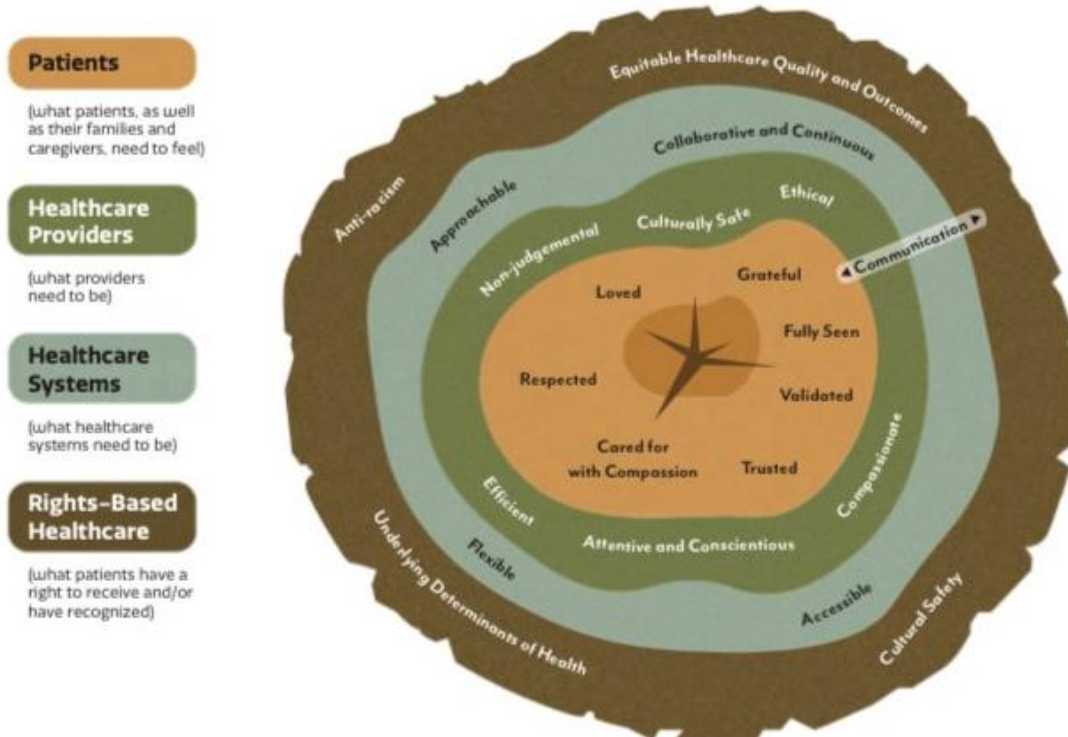
Procedure: 2.0 PATHS Program Description

Approval date: July 11, 2024

Updated: October 17, 2025

Approved by: Director, MB HIV Program

## Indigenous Healthcare Quality Visual Framework – Diagram



### How is PATHS delivered?

PATHS uses several service delivery features from assertive community treatment (ACT), which is described as “a way of delivering comprehensive and effective services to consumers who have needs that have not been well met by traditional approaches to delivering services.”<sup>ii</sup>

The following features of ACT have been adopted by PATHS to deliver services:

- **A team approach:** PATHS is made up of interdisciplinary teams or “pods” including nurses, social workers as well as outreach workers, peers or HIV doulas.
- **In-the-moment services:** PATHS provides care in community settings rather than offices and clinics. This may include agencies and drop-ins, shelters, encampments, residences, correctional settings, withdrawal management centers, hotels, parks, and streets.
- **Small caseloads:** A PATHS pod consists of 40 – 50 participants.
- **Time unlimited services:** Services are provided to participants as long as they are needed

<b>Procedure: 2.0 PATHS Program Description</b>
<b>Approval date: July 11, 2024</b>
<b>Updated: October 17, 2025</b>
<b>Approved by: Director, MB HIV Program</b>

- **Shared caseloads:** PATHS pod members do not have individual caseloads; the whole team is responsible for ensuring participants receive the services they need.
- **Flexible service delivery:** PATHS pods meet frequently and use a shared schedule in order to respond to the evolving needs of participants.
- **A fixed point of responsibility:** Rather than sending participants to various providers for services, the PATHS team provides the services (within their scope of practice) that the participants need. When referrals are required, the team supports the participant to ensure they receive the services.

### What is a PATHS Pod?

PATHS is made up of interdisciplinary teams or “pods” that include a nurse, social worker as well as outreach worker(s). Pods will be based out of highly impacted communities across the province where funding permits. The role of each discipline within the pod is as follows:

#### Nurse

- Provides outreach medical services and oversight of clinical services
- Completes intake assessment
- Develops and evaluates care plan
- Facilitates baseline and monitoring bloodwork and clinical assessments
- Facilitates mental health and substance use assessments
- Facilitates applications and referrals for social and clinical services
- Provides education
- Offers testing to partners of sero-discordant couples
- In collaboration with PATHS team members, transitions participants from caseload
- Continuously evaluates caseloads to determine who remains eligible for PATHS

#### Social Worker

- Focuses on social determinants of health for participants
- Initiates supports to reduce or prevent further progression of HIV
- Develops, implements and evaluates care plan in collaboration with the PATHS nurse
- Facilitates mental health and substance use assessments, supports and treatment referrals
- Supports system navigation, support with legal matters, ID
- Facilitates clinical referrals and treatment applications
- Facilitates applications for non-clinical resources and services
- Provides education
- In collaboration with PATHS team members, transitions participants from caseload

<b>Procedure: 2.0 PATHS Program Description</b>
<b>Approval date: July 11, 2024</b>
<b>Updated: October 17, 2025</b>
<b>Approved by: Director, MB HIV Program</b>

- Continuously evaluates caseloads in collaboration with PATHS team members

#### **Outreach Worker/Peer/HIV Doula**

- Collaborates with PATHS team to develop and implement the care plan
- Provides support and accompaniment to meet the goals of the care plan
- Fosters relationship building and participants engagement
- Links to cultural safety as determined by participant
- Connects participant to long term, sustainable programming
- Accompanies participants to appointments
- Liaises between clinical team and community organizations
- Facilitates non-clinical referrals and applications
- Delivery medication where appropriate
- Provides education
- Continuously evaluates caseloads in collaboration with PATHS team members

A PATHS nurse practitioner is also based out of the WRHA at the MB HIV Program who supports acute and episodic care to PATHS participants in the WRHA, as well as support capacity building and mentorship at PATHS host sites.

The MB HIV Program is working with Indigenous partners to explore the role that Indigenous HIV doulas could play in supporting eligible participants of PATHS.

#### **Where are PATHS services delivered?**

Services are delivered in non-traditional settings which may include community spaces, agencies and drop-ins, shelters, encampments, residences, correctional settings, withdrawal management centers, primary care clinics, hotels, parks, and streets.

#### **Who is eligible for PATHS?**

A person is eligible for PATHS if their client engagement status is (as per [Manitoba HIV Program HIV Client Engagement Status Definitions](#)):

- “Never Linked to Care” and a period of six months has passed from the date of referral to the Manitoba HIV Program
- “Never Linked to Care” and diagnosed with HIV during pregnancy with documentation\* indicating:
  - limited or no engagement with prenatal care, and

<b>Procedure: 2.0 PATHS Program Description</b>
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<b>Approval date: July 11, 2024</b>
-------------------------------------

<b>Updated: October 17, 2025</b>
----------------------------------

<b>Approved by: Director, MB HIV Program</b>
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- more than one missed appointment with assigned HIV care site
- “Disengaged in HIV care” or “Lost to HIV Care”
- “Linked to HIV Care” or “Retained in HIV Care” with a detectable viral load (>500 copies/mL) and have one or more of the following:
  - Pregnant
  - Recurrent STBBIs
  - Untreated mental illness
  - Substance use disorder
  - Houselessness
  - High use of emergency department and/or inpatient admission for care
- “Linked to HIV Care” or “Retained in HIV Care” with a suppressed viral load if suppression was achieved in a custodial setting and there is a documented\* history of treatment interruption post incarceration
- “Linked to HIV Care” or “Retained in HIV Care” with a “target not detected” viral load result if no subsequent viral load result for six months AND documentation\* of non-adherence to dispensed ART

## **What is the role of the MB HIV Program in PATHS?**

### Initiating PATHS

The MB HIV Program will:

- Lead the provincial development and coordination of PATHS
- Develop eligibility criteria and centralized referral pathways to and from the services
- Lead the development and enhancement of job descriptions for PATHS pods
- Participate in and support the recruitment of PATHS pod staff at host sites

### Implementing PATHS

The MB HIV Program will:

- Support the implementation, mentorship and enhancement of PATHS at host sites
- In collaboration with referral sources, assess and reassess PLHIV for appropriateness for PATHS
- Receive and process referrals to PATHS, support assignment of eligible participants to PATHS, and maintain a waitlist of eligible participants

<b>Procedure: 2.0 PATHS Program Description</b>
<b>Approval date: July 11, 2024</b>
<b>Updated: October 17, 2025</b>
<b>Approved by: Director, MB HIV Program</b>

- Facilitate and support standardization of the PATHS design fidelity between PATHS host sites and pods
- Coordinate and facilitate orientation and mentorship for the PATHS host sites and PATHS pod staff
- Facilitate consultation and routine engagement with the host sites manager and the PATHS pod to troubleshoot and strategize about complex care needs of PATHS participants
- Identify learning needs for the PATHS pod staff and develop tools to support knowledge translation and clinical decision-making
- Facilitate clinical consultation for HIV care

### Evaluating PATHS

The MB HIV Program will:

- Establish PATHS clinical indicators
- Develop, implement and facilitate a process with PATHS host sites to evaluate the clinical indicators of PATHS
- Identify gaps in services, develop solutions and implement quality improvements
- Advocate for and collaborate with host sites for funding needs of existing PATHS and/or additional PATHS in highly impacted communities
- Work with the Centre for Healthcare Innovation and Ongomiizwin Institute for Health and Healing to develop a process to evaluate the quality of PATHS services using an Indigenous Quality Healthcare Framework

### **Who are the partners in PATHS?**

The MB HIV Program has partnered with several organizations to plan for, implement, operationalize and evaluate PATHS, with a long-term goal to implement PATHS in other highly impacted communities in MB. Partnerships include:

- MB Health, HSLTC-PPH and regional public health teams
- Nine Circles (WRHA)
- 7th St Health Access Centre (PMH)
- Brandon Friendship Centre Inc. (PMH)
- AHCW (WRHA)
- Health Sciences Centre HIV Clinic

<b>Procedure: 2.0 PATHS Program Description</b>
<b>Approval date: July 11, 2024</b>
<b>Updated: October 17, 2025</b>
<b>Approved by: Director, MB HIV Program</b>

- Thompson Clinic (NHR)
- Ka Ni Kanichihk Mino Pimatisiwin Sexual Wellness Lodge (WRHA)
- Indigenous Services Canada (ISC)
- Swan Valley MyHT and PMH Primary Health Care
- George and Fay Yee Centre for Healthcare Innovation
- Ongomiizwin Indigenous Institute of Health and Healing

### What is the role of the PATHS host sites?

The PATHS host sites will collaborate with the MB HIV Program and Indigenous partners to recruit for, implement, manage, evaluate and enhance PATHS at the host site. This includes:

- Leading recruitment efforts for and employing a PATHS nurse, social worker and outreach worker(s) to form a “PATHS pod” to case manage 40-50 PATHS eligible PLHIV
- Managing and providing clinical oversight of the PATHS pod
- Working with the MB HIV Program HIV Client Engagement Coordinator to facilitate pathway into PATHS for eligible PLHIV
- Providing wrap-around care, psychosocial supports, primary care, HIV care, and access to HIV medications in the community.
- Offer, provide and/or facilitate Indigenous led and culturally safe care for PLHIV assigned to the PATHS pod
- Facilitate pathway into primary care using the transition criteria and process procedure and checklist
- Work with the MB HIV Program to uphold the principles, features and design fidelity of PATHS, ensuring consistent, high-quality HIV and participant-centered care in community
- Facilitate routine data collection and work with the MB HIV Program to report on PATHS performance indicators
- Support the development of a framework to evaluate cultural safety within PATHS

### What is the role of regional Public Health teams?

Public Health will continue to facilitate case and contact management according to the provincial HIV Protocol (see <https://www.gov.mb.ca/health/publichealth/cdc/protocol/hiv.pdf>), including identification, notification, contact tracing and connection to the MB HIV Program.

They will also continue to provide follow up for PLHIV who:

- Are a **public health concern for transmission**, including participants who

<b>Procedure: 2.0 PATHS Program Description</b>
<b>Approval date: July 11, 2024</b>
<b>Updated: October 17, 2025</b>
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- Do not disclose their HIV status before engaging in activities that put others at risk of contracting HIV, or
- Has been identified in a community complaint as per Communicable Disease Management Guideline, Public Health Management of HIV Exposure and Non-Disclosure, Manitoba Health, Public Health Branch, or
- Are pregnant and not on ART, or
- Explicitly refuse HIV care.

Public Health may consider referring a person to PATHS if PATHS is an available resource in the region, and if the person:

- Is “never linked to HIV care” according to the MB HIV Program’s [HIV Client Engagement Status Definitions and Roles in Case Management](#),
- Has been notified of HIV status, and
- Has consented to a referral to the MB HIV Program.

**Clients lost to care will be referred by the MB HIV Program to PATHS.** A referral to public health will be considered by the MB HIV Program for participants who are:

- Referred to PATHS but are on a waitlist for service,
- Unable to be located by the MB HIV Program, and/or
- A public health concern for transmission.

### **What is the PATHS Advisory Committee?**

The PATHS Advisory Committee supports the successful implementation and evaluation of PATHS. The Advisory Committee provides oversight and recommendations to facilitate implementation and achievement of PATHS program and includes representation from the following individuals and organizations:

- MB HIV Program
- MB Health Seniors and Long-Term Care Public Health Division
- Knowledge Keeper(s)
- 7th St Health Access Centre
- Aboriginal Health and Wellness Centre of Winnipeg Inc.
- Brandon Friendship Center
- Cree Nation Tribal Health Centre Inc.
- Keewatinohk Inniniw Minoayawin Inc. (KIM)
- Nine Circles Community Health Centre
- Shared Health
- Sisters of Fire

<b>Procedure: 2.0 PATHS Program Description</b>
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<b>Approval date: July 11, 2024</b>
-------------------------------------

<b>Updated: October 17, 2025</b>
----------------------------------

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- Swan Valley MyHT and PMH Primary Health Care
- Thompson Clinic
- Winnipeg Regional Health Authority
- Village Lab

### How will PATHS be evaluated?

PATHS will be evaluated using the following clinical indicators:

1. Baseline characteristics of PLHIV who were assigned to PATHS, including:
  - i. Age
  - ii. Sex assigned at birth
  - iii. Client engagement status
  - iv. Regional health authority
  - v. Self-reported sexual orientation
  - vi. By self-reported ethnicity
  - vii. Substance use
2. Number and percent of PLHIV assigned to PATHS who were located
3. Number and percent of PLHIV on HIV treatment for PLHIV *assigned* to PATHS compared to PLHIV on the PATHS *waitlist*
4. Number and percent of PLHIV with a suppressed viral load for PLHIV *assigned* to PATHS compared to PLHIV on the PATHS *waitlist*
5. Number and percent of PLHIV assigned to PATHS who transitioned to primary care
6. Number and percent of PLHIV assigned to PATHS who were “deceased” at the end of reporting period
7. Time from PATHS assignment to “linked to HIV care”
8. Emergency department visits before and after referral to PATHS
9. Number and type of clinical interventions
10. Number and type of non-clinical interventions
11. Number and type of psychosocial interventions
12. Acuity score

The MB HIV Program is working with the Centre for Healthcare Innovation and Ongomiizwin Institute for Health and Healing to develop a process to evaluate the quality of PATHS services using an Indigenous Quality Healthcare Framework.

<b>Procedure: 2.0 PATHS Program Description</b>
<b>Approval date: July 11, 2024</b>
<b>Updated: October 17, 2025</b>
<b>Approved by: Director, MB HIV Program</b>

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<sup>i</sup> Indigenous Healthcare Quality Leads in partnership between Ongomiizwin Indigenous Institute of Health and Healing and the George & Fay Yee Centre for Healthcare Innovation. Indigenous Healthcare Quality Framework. Version 1.4, September 14, 2022, Winnipeg, MB.

<sup>ii</sup> Substance Abuse and Mental Health Services Administration. Assertive Community Treatment: Building Your Program. DHHS Pub. No. SMA-08-4344, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2008.